

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/509934 FILING DATE

APPLICANT(S)

6/15/85

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4						
5	/					
6		/				
7						
8		/				
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10		/				
11		/				
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40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46	/					
47		/				
48		/				
49						
50						
TOTAL IND.	5					
TOTAL DEP.	35					
TOTAL CLAIMS	40					

*	IND.	DEP.	*	IND.	DEP.	*
51			61			
52			62			
53			63			
54			64			
55			65			
56			66			
57			67			
58			68			
59			69			
60			70			
61			71			
62			72			
63			73			
64			74			
65			75			
66			76			
67			77			
68			78			
69			79			
70			80			
71			81			
72			82			
73			83			
74			84			
75			85			
76			86			
77			87			
78			88			
79			89			
80			90			
81			91			
82			92			
83			93			
84			94			
85			95			
86			96			
87			97			
88			98			
89			99			
90			100			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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